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ABSTRACT

The report describes health attitudes, behavior patterns, and needs among American Indians in an urban setting: Hennepin County, Minnesota. As stated, a structured interview technique was used on a multi-stage sample of 225 Indian families to provide statistical data in achieving the 5 study objectives: (1) the collection of demographic and socioeconomic information, (2) the description of mobility patterns, (3) the assessment of utilization patterns of medical and dental care, (4) the identification of social problems, and (5) the assessment of attitudes concerning health services. In the document, statistics and narrative are provided in the areas of each of the 5 objectives, along with 5 conclusions and 37 tables based on questionnaire data accumulated during the course of the research. A selected bibliography and a copy of the questionnaire are appended. (DA)

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HEALTH BEHAVIOR AND HEALTH NEEDS OF AMERICAN INDIANS IN HENNEPIN COUNTY

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HEALTH BEHAVIOR AND HEALTH NEEDS OF
AMERICAN INDIANS IN HENNEPIN COUNTY

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Health Behavior and Health Needs of American Indians in Hennepin County

The legislative branch of the federal government has given the authority and assigned the responsibility for the protection of Indians and their resources to the executive branch. The Indian Health Service inside the Public Health Service is concerned with the health needs of the Indians. This special Indian-Federal relationship is unique and for no other ethnic minority group in the country has a similar relationship been established and embodied in a series of public laws. On July 8, 1970 the President sent a special message to Congress -- the American Indian Message -- in which the Indians are described as "the most deprived and most isolated minority group in our nation."[1] The Presidential Message singles out the health needs of the Indian people, cites the high mortality and morbidity rates among Indians, and estimates that the health of Indian people lags 20 to 25 years behind that of the general population.

Because this study focuses on the health behavior and health needs of urbanized Indians it is of interest to highlight the passage of the President's message which deals with this problem:

> The Bureau of Indian Affairs is organized to serve the 462,000 reservation Indians. The BIA's responsibility does not extend to Indians who have left the reservation, but this point is not always clearly understood. As a result of this misconception, Indians living in urban areas have often lost out on the opportunity to participate in other programs designed for disadvantaged groups...But misunderstandings are not the most important problem confronting urban Indians. The biggest barrier faced by those Federal, State and local programs which are trying to serve urban Indians is the difficulty of locating and identifying them. Lost in the anonymity of the city, often cut off from family and friends, many urban Indians are slow to establish new community ties. Many drift from neighborhood to neighborhood; many shuttle back and forth between reservations and urban areas. Language and cultural differences compound these problems. As a result, Federal, State and local programs which are designed to help such persons often miss this most deprived and least understood segment of the urban poverty population.[2]

Objectives of the Study

Minneapolis has been called "Minnesota's largest reservation." The present study encompasses Minneapolis and other municipalities in Hennepin County and examines and analyzes the health behavior and the health needs of the first Americans -- the Indians -- who reside in Hennepin County. Specifically, the objectives of the study are:

1. To collect demographic and socio-economic information;
2. To trace the Indians' mobility patterns;
3. To describe the utilization patterns of medical and dental care;
4. To identify the major social problem areas as perceived by Indians;
5. To probe Indian attitudes about health clinics and financing of health services.

Previous Research

A 1969 publication of the Public Health Service[3] describes the historical background and the present status of the Indian Health Program. The Indian Health Service administers two hospitals in Minnesota: a 21 bed hospital in Cass Lake and a 20 bed hospital in Red Lake, and operates a health center for Indians in White Earth. Three neighboring states to the West with health care service facilities include North Dakota with two hospitals and two health centers, South Dakota with six hospitals and five health centers, and Nebraska with one hospital. States to the East and South of Minnesota do not operate health care facilities for Indians. The Minnesota Area Office is located in Aberdeen, South Dakota.

In April 1968 the League of Women Voters of Minneapolis issued a report "Indians in Minneapolis."[4] This report inventories in a 7-page overview the health services of which Indians living in Minneapolis can avail themselves but it points out that "Indians are not always motivated to use them."[5] The report also contains a three-page bibliography.

The Center for Urban and Regional Affairs of the University of Minnesota has done extensive research on Indian Americans. Several of its publications deal with education, housing, social programs, political styles, alcoholism, and employment of Indian Americans in the Twin Cities and in Minnesota.

Methodology and Research Design

The original research design did not include the use of a questionnaire but would comprise a review of hospital records to determine actual utilization of the facilities by Indians.

Minnesota Systems Research, Inc. visited five hospitals in South Minneapolis which are known to provide health care to American Indians. Four of the five hospitals do not keep race-specific information as a result of federal guidelines, and the fifth hospital can only provide race-specific information as part of the medical history of inpatients. Because the hospital data on Indians was essentially non-existent, the decision was made to carry out a survey using a structured questionnaire.

The Minneapolis office of the American Indian Movement provided their membership list to us. This membership list has been accumulated over the three years of the office's existence in Minneapolis. There is virtually no updating of addresses when members move. The A.I.M. list was adjusted to include only names of Indians with Hennepin County addresses and only one name from any given Indian family living at the same address. After these adjustments were made the list included 336 names. From this list a 25% random sample was chosen to be interviewed. To increase the likelihood that the sample would be representative of the Hennepin County Indian population, it was decided to use a multi-stage sampling technique. Each person interviewed was asked to name two Hennepin County Indians, one similar to himself and one dissimilar to himself, in terms of the kind of place he goes for medical care. Each name obtained was checked against the A.I.M. list and, if not present, was used as another interview contact. The process of obtaining two names during each interview was continued until there were three stages beyond the A.I.M. sample. All names were checked against the original A.I.M. list and against all other stages to eliminate duplication.

A questionnaire covering family socio-economic characteristics, migration, and health care utilization was developed with advice and direction

from several Indians. (See Appendix for a copy of the interview form.) Three Indian women conducted the interviews, each interview requiring one-half hour to complete. The questions were read as stated on the form. The possible answers were not read, but were selected by the interviewer, based on the respondent's answer. Ten interviews were completed to pretest the questionnaire. The interviewing was completed during a two-month period.

From the A.I.M. sample of 85 names, 47 interviews or 55.3% were completed; 26 had changed addresses and could not be located; 12 were not willing to be interviewed. Of the 62 non-A.I.M. names obtained for stage II, 56 interviews or 90.3% were completed; 6 could not be located. Of the 78 unduplicated, non-A.I.M. names obtained for stage III, 66 interviews or 84.6% were completed; 9 could not be located; 3 were unwilling to be interviewed. Of the 66 unduplicated, non-A.I.M. names obtained for stage IV, 56 interviews or 84.8% were completed, 6 could not be located, and 4 were unwilling to be interviewed.

The major problem in carrying out the research design was to find a listing of Indians living in Hennepin County. The A.I.M. list was used because it was the only one available. The possibility of built-in bias is clear. The fact that the A.I.M. list is three years old and is not being updated coupled with the high mobility of inner-city Indians limited the response rate in the A.I.M. stage. In the subsequent stages the difficulty in obtaining names from people most severely limited the total number of interviews completed. Theoretically, if all 85 A.I.M. Indians had been interviewed and if two acceptable names had been obtained from each respondent through all stages, then 1275 Indians would have been interviewed. In this study 225 interviews were completed.

Selected Highlights of Findings

Two hundred and twenty-five Indian households were interviewed and a multi-stage sampling technique was used. The present section recapitulates the major findings of the study and is structured according to the five headings used in the detailed analysis.

I. Socio-Economic Analysis

1. 49.77 percent of the households receive welfare support -- mainly from the Aid to Families with Dependent Children program.
2. In 42.67 percent of the households no male 21 years of age or over is present.
3. In 45.78 percent of the households at least one person is employed.
4. Of those not on welfare 27.41 percent have a yearly income of $3,000 or less, 37.15 percent earn between $3,000 and $6,000 and 24.75 percent earn more than $6,000 per year.
5. The median number of years of school completed by all persons in a household who are 18 years of age or over is 9.89 years.
6. Of those not on welfare 15.04 percent own their own home.
7. The median number of persons living in the same dwelling is 2.85.
8. 46.67 percent of all households have children who attend school.
9. 28.88 percent of the households have a car available during the day.
10. 65.77 percent of the respondents do not have a driver's license.
11. 49.78 percent of the households do not have health insurance coverage.
12. The median number of persons covered by health insurance in a household is 1.89.

II. Mobility Patterns

1. The median length of time lived in the present dwelling is 1.11 years which means that urban Indians move approximately once a year within the city.

2. The shorter the residence time period in the same dwelling, the lower the household income tends to be.
3. The median length of residence in Minneapolis is 8.95 years.
4. The longer the residence time period in Minneapolis, the higher the household income tends to be.
5. In 28.9 percent of the households a member over 18 years of age has gone to a home town during the past year for one week or more.

III. Health Care Utilization Patterns

1. In 81.11 percent of the households someone received medical care during the current year 1970.
2. In one out of five households the most recent medical care was received in a private clinic or physician's office; in three out of five households it was obtained in emergency rooms or outpatient departments, and one out of five households went to government-supported clinics or health centers.
3. When private transportation is available during the daytime there tend to be more private clinic or physician's office visits and less emergency room or outpatient department visits.
4. Almost all expectant women receive some prenatal care and all receive medical care during delivery.
5. Generally, medical care during pregnancy and delivery is received in the same city or town.
6. In one out of four households no one has received dental care in the last two years.
7. Two out of three visits to a dentist are for tooth extraction or tooth filling.

IV. Social Problems

1. Five problem areas were ranked in terms of their perceived importance and priority. The problem areas ranked first are housing (37.77 percent), clothing (28 percent), food (16.88 percent), medical care (9.77 percent), and education (3.55 percent).

2. In 31.16 percent of the households someone needs a job.
3. 84.88 percent of the households have no money available for medical care.
4. In 7.55 percent of the households someone was judged by the respondent to be in need of seeing a physician.
5. In almost 8 out of 10 households someone is judged to need dental care.
6. One out of three households with children attending school report school difficulties due to health problems.

V. Attitudes About Health Care Services

1. Almost all respondents would seek future emergency medical care in the Twin Cities.
2. The primary source of future emergency care for three out of five respondents would be the Emergency Room of Hennepin County General Hospital.
3. Nine out of ten respondents would seek future non-emergency medical care in the Twin Cities.
4. The primary source of future non-emergency care for two out of five respondents would be the Emergency Room or Outpatient Department of Hennepin County General Hospital.
5. 94.21 percent of the households would like a health care clinic with Indian employees.
6. 84.44 percent of the interviewees would prefer free medical and dental care versus paying a small fee.

Analysis of Findings

The analysis of the results of the survey is structured according to five major headings:

I. Socio-Economic Analysis
II. Mobility Patterns
III. Health Care Utilization Patterns
IV. Social Problems
V. Attitudes About Health Care Services

The multi-stage sampling technique was described in the previous section on Methodology and Research Design. The data has been summarized for groups of Indians as a result of the sampling technique used. The three groups are:

1. AIM members.
2. Like AIM members: Included in this group are Indians whom AIM members and Like AIM members interviewed in subsequent stages of the research design believe do go to the same places as they do for medical care.
3. Unlike AIM members: Included in this group are Indians whom AIM members and Unlike AIM members interviewed in subsequent stages of the research design do not believe go to the same place as they do for medical care.

Findings are presented for all three groups and for the total sample. Tables with a number preceded by the letter A are contained in Appendix A.

I. Socio-Economic Analysis

A number of questions were included in the survey instrument to identify some important social and economic characteristics of the Indian population. The following variables were selected: (1) welfare status; (2) employment status; (3) household income; (4) education; (5) home ownership; (6) family size; (7) availability of private transportation; and (8) health insurance coverage. Questions on employment, income and home ownership were not asked of welfare recipients. This section analyzes each one of these variables.

Welfare Status

One hundred and twelve households or 49.77 percent receive money from a welfare program (Table A-1). This percentage ranges from 40.42 for A.I.M. members to 53.33 percent for the Unlike A.I.M. members group. Two welfare programs account for 105 of the 112 households, namely, Aid to Families with Dependent Children (92 households) and relief or general assistance (13 households) (Table A-2). Differences among the three groups are very minor. Three households receive Old Age Assistance, one is supported by Aid to the Disabled and one by Aid to the Blind. It is important to note that in 42.7 percent of the households no male 21 years of age or over is present in the household (Table A-3).

Employment Status

The questions dealing with employment status, household income and home ownership were asked only of the 113 households which do not receive welfare support. In 103 households at least one person was employed at the time of the interview (45.78 percent) (Table A-4). The AIM member households have more frequently two , three or four employed persons than the two other groups (37.5 percent versus 23.68 and 26.83 percent) which is partly related to the fact that they have larger households. Employment, however, includes both full and part-time employment (Table A-5). For the total sample only 58 reported full-time, year-round work and an additional 17 reported both full-time and part-time. At the time of the interview 70 interviewees

or 31.11 percent stated that someone living in the house needed a job. The difference among the three groups with respect to persons needing a job is statistically significant ($.05 < p < .02$) indicating that in the first two groups (AIM members and like AIM members) someone needs a job more often than in the third group. This is somewhat surprising because persons in these same two groups tend to be more often employed. It may be possible that they are more actively seeking a job and, therefore, would tend to respond affirmatively when asked whether anyone living in the household needs a job.

Household Income

Table A-6 shows the income distribution for the 113 households that do not receive welfare assistance. The income question was not posed to persons who had previously stated that they received welfare monies. Thirty-one households out of 113 or 27.21 percent have a yearly income of $3,000 or less, 37.15 percent fall within the $3,000 to $6,000 range, and 24.75 percent earn more than $6,000 per year. Only 10.61 percent refused to report their income, but, nevertheless, they make the among-group comparison more difficult to carry out. If one assumes -- as other surveys have shown -- that the "income not reported" category tends to fall most frequently into the low income category, i.e., people who do not report their income are more often those with low incomes, then, the three groups in the present analysis are distributed almost equally at the low end of the income spectrum ($3,000 or less). The AIM member group has the highest percentage in the third income category (more than $6,000).

It should be stressed that the 101 persons who reported their household income are essentially the same as the 103 persons who reported that at least one person in the household was employed. A cross-tabulation of income versus employment shows the same pattern and distribution as described in the previous paragraph.

Education

The mean number of years of school completed by all persons in a household who are 18 years of age or over is 10.14 years. The median number is 9.89 years. The mean is highest for the AIM members (10.68 years) and lowest for the Unlike AIM members group (9.96 years). The breakdown by years completed and by group is shown in Table A-7.

Home Ownership

If one considers the previous findings related to income, employment, and welfare, it is not surprising to find that 82.30 percent of the interviewed households rent the dwelling in which they live and only 15.04 percent own their home (Table A-8). Again the question of home ownership versus home rental was only asked of those who do not receive welfare support. Three persons or 2.65 percent did not answer this question. The relationship between low income, unemployment, low educational level and almost no home ownership is obvious. The "Unlike AIM member" group reported the highest proportion of home rental (90.47 percent).

Family Size

The median number of persons living in the same dwelling is 2.85 for the 225 interviewed households (Table A-9). This median number is highest for the households of AIM members (3.17) and lowest for the Unlike AIM members group (2.70) whereas the Like AIM members group is closer to the median (2.91). The AIM members tend to have larger families which is substantiated by the face that 53.2 percent of them have children of school age and who are attending school versus 45.4 and 44.4 percent in the other two groups. Overall, 46.7 of all households have children who attend school (Table A-10). The average family size for the nation is 3.66. Thus, the average Indian household in Minneapolis is smaller than the national average sized family.

Availability of Private Transportation

Each respondent was asked whether he or she had a car available during the day. Only 28.88 percent answered yes and 70.66 answered no. One person

out of 225 did not respond (Table A-11). No significant difference emerges among the three groups of respondents. This question was asked because the availability of private transporation may affect the accessibility of health care. These two variables will belinked in a subsequent section on utilization patterns of medical and dental care.

It was also of interest to know whether the respondent had a driver's license, i.e., even if a car were available during the day would the person at home during the day be able to use it. Of all respondents 65.77 percent do not have a driver's license, 33.77 percent do and one person did not answer the question (Table A-12). The highest proportions of respondents without a driver's license is found in the AIM member group, viz., 70.21 percent versus 61.36 and 67.77 percent in the other two groups.

Linking the availability of a car and the possession of a driver's license, it is noteworthy that 10 respondents out of 65 who have a car available during the day do not have a driver's license (15.38 percent). Thus, the majority of the respondents do not have the use of a car during the day and of those that do, 15.38 percent do not have a driver's license.

Health Insurance Coverage

To the question whether anyone who lives in the same dwelling has health insurance or health coverage of any kind. 50.22 percent responded yes and 49.78 percent answered no (Table A-13). Among-group differences indicate that only 40.42 percent of the AIM member group is covered by health insurance versus 51.13 percent and 54.44 percent respectively for the other two groups. However, it is equally important to know how many persons are covered by health insurance in each household. In 29.20 percent of the households with health insurance only one person is covered and in 16.81 percent two persons are covered (Table A-14). The median number of persons covered by health insurance in a household is 1.89 and is somewhat different for the three groups (1.90, 1.66, 2.22 respectively).

The 113 households that carry health insurance are covered by group insurance at work (41.59 percent), medical assistance programs (37.16 percent) and Blue Cross-Blue Shield (14.15 percent), and by other programs (7.07 percent). Table A-15 shows that among-group and within-group differences exist, namely, group coverage at work is highest for AIM members (42.10 percent) and for Unlike AIM members (51.02 percent), and medical assistance programs is highest for the Like AIM member group (44.44 percent). On the other hand, AIM members have a slightly higher Blue Cross-Blue Shield coverage than the two other groups. Of the 103 households with at least one employed person, 59 or 57.28 percent are covered by health insurance. The employed Unlike AIM members group is highest with 60.98 percent as compared to 54.17 percent and 55.26 percent respectively for the two other groups. Out of 112 respondents who reported receiving welfare support, 61 or 54.46 percent are not covered by health insurance. Households not carrying health insurance and receiving welfare support vary among the three groups from 46.43 percent for the AIM members group to 58.54 percent for the Unlike AIM members group. The 55.81 percent of the Like AIM member group is close to the overall percentage.

II. Mobility Patterns

The questionnaire included three questions which attempt to trace the mobility patterns of the Indians living in Hennepin County. Mobility refers to (a) moving from one dwelling to another within Hennepin County; (b) length of residence in Minneapolis; and (c) leaving Hennepin County to go to the home town to live for at least seven continuous days during the past year. Thus, the survey tried to estimate the magnitude of movement within the city and the movement of Indians going back to their home town for short time periods.

Length of Residence in Same Dwelling

Table A-16 shows the length of time that the 225 interviewed households have lived in the house or apartment in which they lived the day of the interview. The median length of time lived in the present dwelling is 1.11 years. This number is highest for the AIM members (1.39 years), about the same for the Like AIM members group (1.07 years) and somewhat lower for the Unlike AIM members group (1.00 years). At least 1 out of 4 households have lived in their present living quarters for less than six months. These findings indicate a rate of movement of urban Indians within the city of approximately once a year.

Does a relationship exist between length of residence in the same dwelling and income? Keeping in mind that income information was only obtained from the 113 persons who are not supported by a welfare program it was found that households with a length of residence in the same dwelling of less than six months have a median yearly income of $3,143. For those who havelived in the same house or apartment for six months to one year, the yearly median income is $4,000; for residence of one to two years: $5,500; for residence of two to five years: $5,400; and for those who have lived for more than five years in the aame dwelling the median income is $6,750. The overall yearly median income is $4,500. These results indicate a positive relationship between income and length of time in the same residence, i.e., the shorter the residence time period, the lower the household income tends to be. The same relationship holds true when the three

groups are compared as is done in Table 1. It is worthy of note that the Like AIM members group is consistently above the median for all three groups.

Table 1: Median Yearly Income by Length of Residence in the Same Dwelling

Length of Time in Same Dwelling	AIM Members	Like AIM Members	Unlike AIM Members	All Groups
Less than 6 months	$1,500	$3,750	$2,500	$3,143
6 months to 1 year	3,750	4,500	3,000	4,000
1 to 2 years	4,500	6,500	5,375	5,500
2 to 5 years	5,500	5,500	5,000	5,400
More than 5 years	5,500	5,500	8,167	6,750
Group Median	4,400	4,875	4,250	4,500

The median length of residence in the same dwelling by households that receive support from welfare programs is lower than for the employed group and for all the respondents. Households on welfare have a median length of time in the same dwelling of 11.64 months. The length of time for the AIM members group is highest (1.5 years), followed by the Unlike AIM members group (10.91 months) and by the Like AIM members group (10.8 months). Table 2 summarized the findings with respect to median length of residence in the same dwelling.

Length of Residence in Minneapolis

All interviewees were asked how many years they lived at least six months of the year in Minneapolis. Three persons did not answer the question. The median length of residence in Minneapolis for the 222 respondents is 8.95 years. Very little variation occurs among the three groups studies, namely, 8.85, 8.95, and 9.20 years of median length of stay. As shown in Table A-17 the number of respondents who have lived in Minneapolis for one year or less is very small (4 percent).

The median length of residence in Minneapolis for the subset of all households receiving welfare support is 8.8 years. This figure is very close to the median length of all respondents (8.95 years). Likewise, the results for each one of the three groups - AIM, Like AIM, Unlike AIM -- when only households on welfare are considered are very similar to those for all respondents in each group, viz., 8.5, 8.85, and 8.9 years respectively.

For the subset of households that have at least one person employed, the median number of years lived in Minneapolis is 9.48 years. This is slightly higher than for the welfare recipients. The number is highest for Unlike AIM members (9.75 years) and lowest for AIM members (7.50 years). Median length of residence in Minneapolis is summarized in Table 3. As in the case for length of residence in the same dwelling a positive relationship exists between yearly median income and length of residence in Minneapolis, i.e., the longer the residence time period in Minneapolis, the higher the household income tends to be (Table 4).

Table 2: Median Length of Residence in the Same Dwelling by Employment and Welfare Status

	AIM Members	Like AIM Members	Unlike AIM Members	All Groups
Employed	1.67 years	1.25 years	1.28 years	1.33 years
Welfare	1.5 years	10.8 months	10.91 months	11.64 months
All Respondents	1.39 years	1.07 years	1.00 years	1.11 years

Table 3: Median Length of Residence in Minneapolis By Employment and Welfare Status

	AIM Members	Like AIM Members	Unlike AIM Members	All Groups
Employed	7.50 years	8.86 years	9.75 years	9.48 years
Welfare	8.50 years	8.85 years	8.90 years	8.8 years
All Respondents	8.85 years	8.95 years	9.20 years	8.95 years

Table 4: Median Yearly Income by Length of Residence in Minneapolis

Length of Time in Same Dwelling	AIM Members	Like AIM Members	Unlike AIM Members	All Groups
Less than 1 year	$____	$4,500	$2,500	$3,000
2 years	____	____	2,000	2,000
3 years	4,000	8,000	3,500	4,750
4 years	____	____	____	5,000
5 years	____	5,500	____	5,500
6-10 years	4,500	4,500	5,500	5,143
11-15 years	4,750	5,500	3,500	5,000
16-20 years	____	3,500	4,500	4,500
More than 20 years	4,500	2,500	8,000	6,500
Group Median	4,400	4,875	4,250	4,500

Travel to Home Town

It is commonly thought that one of the cultural patterns of the urbanized Indians in Hennepin County consists in going to their home town for brief time periods. The interviewers inquired whether anyone in the household who is over 18 years of age had gone to a home town during the past year to live for a period of a week or more at a time. The question was asked for two reasons: (1) to estimate the magnitude of mobility between the city and the home town; and (2) to study the impact of this mobility, if any, on the continuity of receipt of health care services. Table A-18 tabulates the answers to the question.

Only 28.9 percent of the persons interviewed stated that a member of the household over 18 years of age had gone to a home town during the past year for one week or more. Thus, even though the time period stipulated was very short, i.e., one week or more, relatively few answered the question affirmatively. The percentage is highest for the Unlike AIM members group (34.4 percent).

An indepth analysis of the 65 households (28.9 percent) that answered yes to the questions yields the following findings:

1. They have a median length of residence in the same dwelling of 1.09 years which is very close to the median for the total sample (1.11 years). However, the discrepancies among the three groups are worthy of note. Compared with the medians for this subset are: AIM members 7.5 months versus 1.39 years, Like AIM members 1.17 years versus 1.07 years, Unlike AIM members 1.33 years versus 1.00 years.
2. They have lived in Minneapolis for a lesser number of years. The median length of residence in Minneapolis is 7.38 years versus 8.95 years for the total sample. Similarly, the three groups have a shorter median length of residence, viz., AIM members 6.5 years versus 8.85 years, Like AIM members 7.9 years versus 8.95 years, Unlike AIM members 7.5 years versus 9.20 years. As in the previous finding the discrepancy is again largest for the AIM members group.

3. It does not seem to make a difference whether they receive welfare support or not. The subset of 65 is divided into 32 households on welfare and 33 households not on welfare. More AIM members who do not receive welfare funds than those who do tend to go to a home town (8 versus 5). The reverse occurs in the Like AIM members group (9 versus 12) and the Unlike AIM members group follows the overall pattern (16 versus 15).
4. Twenty of the 65 who went to a home town last year for at least a week need a job. This is roughly 1 out of 3 which follows the general pattern as it will be discussed in a subsequent section on social problems. The proportion is slightly less for the AIM members group but it is the same for the two other groups.

III. Health Care Utilization Patterns

The focal point of this survey is the health behavior and health needs of the urbanized Indians in Hennepin County. This section deals specifically with the receipt of health care services and focuses on medical care and dental care. Maternity care is emphasized as part of medical care services. Where do Indians go for care? When did they last receive care? Is prenatal care sought routinely? What kind of dental care is being received? These are some of the questions which will be answered in the following paragraphs.

Medical Care

The question was asked: "When was the last time someone who lives here received medical care of any kind?" In the majority of the 225 households interviewed someone sought and received medical care during the current year 1970 (83.11 percent). If we take out the non-respondents and compare the three groups, the percentage for each group is very similar and ranges from 86.90 to 89.66 percent (Table A-19). The percentage for all respondents is 98.21 percent. Thus, in 9 cases out of 10 someone in the household sought and received medical care in 1970. It must be stressed that this refers to someone living in the interviewed household, and consequently, it does not mean that 9 out of 10 Indians sought and received medical care in 1970.

In almost all instances this care was received in the Twin Cities area (91.6 percent). Eighteen respondents reported that someone in the household received medical care outside the Twin Cities area (Table A-20). The primary source of care is the Hennepin County General Hospital Emergency Room and Outpatient Department (40.4 percent). The second most important source of care is a private clinic or a physician's office (21.8 percent), closely followed by the "other" category (19.1 percent) which includes Public Health Service clinics, Pilot City Health Center (a neighborhood health center), and other governmental health care facilities. The fourth source of care for 16.4 percent of the sample is the emergency room or outpatient department of other hospitals. This percentage distribution is remarkably stable among the three groups as shown in Table A-21. These

findings can be summarized as follows: in approximately one out of five households the most recent medical care was received in a private clinic or physician's office, in three out of five households it was obtained in emergency rooms or outpatient departments, and one out of five households went to government-supported clinics or health centers.

It was hypothesized that the availability of a car during the day may effect the utilization pattern of sources of care. Households who have a car available during the day go more frequently to a private clinic or a physician's office for medical care (27.7 percent) than households without the use of a car (19.5 percent); they go less frequently to an emergency room or an outpatient department (50.77 percent versus 59.12 percent); and the utilization of government-supported clinics and health centers remains the same. The rank order of the care sources in terms of their relative importance remains the same, but a significant shift occurs in the absolute importance of the two major sources of care dependent upon the availability of private transportation during the day, i.e., more private clinic or physician's office visits and less emergency room or outpatient department visits when private transportation is available during the day time.

If we continue the analysis and examine each of the three groups, some important differences emerge. For the AIM members and the Like AIM members, the percentage of households utilizing the private clinic or the physician's office doubles with the availability of a car during the day. This trend reverses itself for the Unlike AIM members group, i.e., the percentage decreases from 23.08 to 16 percent. With regard to the utilization of emergency rooms or outpatient departments the percentage increases when no private transportation is available during day time for the Like AIM members group (53.57 to 60 percent) and for the Unlike AIM members group (44 to 60 percent) but it decreases slightly for the AIM members (58.33 to 55.88 percent). It should be recalled that the availability of a car during the day is roughly equal for all three groups, i.e., 25.53, 31.81, and 27.77 percent respectively, and most likely does not account for the difference noticed.

Patterns of Maternity Care (Tables A-22, A-23 and A-24)

Seven out of ten households reported that someone living there had had a baby in the past (161 or 71.6 percent). Three out of 161 did not receive care during pregnancy. Of those who received prenatal care, 95 percent received it in the same locality where they lived before pregnancy and five percent did not. All those who had a baby received care during the delivery: 88.5 percent receiving medical care during birth in the same locality where they lived before pregnancy and received care during pregnancy; 7 percent gave birth in a different place than where they lived before pregnancy and received prenatal care; and 3.8 percent gave birth in the same locality where they received their prenatal care but did not live before pregnancy. The proportions among the three groups are quite stable and generally follow the pattern for all respondents. The small discrepancies which can be noted may be due to the approximately two percent non-respondents or to small absolute numbers in some cases. One can summarize the maternity care patterns by stating that: (1) almost all expectant women receive at least some prenatal care; (2) all receive medical care during delivery; and (3) generally medical care during pregnancy and delivery is received in the same city or town.

Dental Care

The interviewees were asked when was the last time anyone in the household had received dental care (Table A-25). The non-response rate was higher for this question than for any other question in the questionnaire (15.1 percent). Excluding the non-respondents, in three out of five households someone had received dental care in 1970 (60.21 percent), one out of six in 1969 (16.23 percent), and one out of five in 1968 or before (21.47 percent). Four respondents or 2.09 percent stated that no one in the household had ever received dental care. Thus, in one out of four households no one has received dental care in the last two years. This proportion is fairly stable for all three groups (75.68, 75.31, and 78.08 percent respectively).

For those who received dental care what type of dental work was performed? The largest type of dental work performed is tooth extractions (29.72 percent) closely followed by tooth filling (29.25 percent). If we add the percentage of the combination "Extracted and Filled" (5.19 percent) to these two figures, we notice that two out of three visits to a dentist are for tooth extraction or tooth filling. The third largest type of dental work is lumped under "other" (26.42) and includes crown and bridge work, X-rays, check-ups, orthodontics, and dentures. These three types of dental work account for 9 out of ten dental visits (90.58 percent) and this proportion remains approximately the same for all three groups (Table A-26). Tooth extractions and tooth filling are the two most prevalent types of dental service and the percentages are roughly the same. This is very different from the national figures on dental visits by type of service which show that 17 percent of all dental visits are for tooth extractions and 43 percent for tooth filling.[6] In urban areas these percentages are 15.2 and 43.7 percent respectively; for whites 16.0 and 43.7 percent and for nonwhites 44.9 and 22.8 percent. Income-specific, the national percentage for tooth extractions decreases from 23.0 to 9.9 percent as income increases from below $3,000 to more than $7,000. Tooth fillings follow a reverse trend and increase from 35.6 to 45.7 percent with increasing income. Likewise, the level of education affects these two percentages, tooth extractions being highest and tooth filling lowest in the under 9 years of school group (35.3 and 28.5 percent).

IV. Social Problems

Six questions included in the questionnaire try to identify some social problems confronting the urban Indians which may affect the need and demand for health care and their attitudes and behavior towards health care services. Included in this section are questions related to joblessness, availability of money for health care, present needs for medical and dental care as perceived by the respondents, present priority needs, and school problems due to health.

Ranking of Problem Areas

The interviewees were asked to rank five problem areas in terms of their perceived importance and priority. The areas listed were: clothing, housing, medical care, education and food. Out of 225 households surveyed 207 respondents ranked the five listed problem areas, 6 indicated a non-listed area as ranking first, 5 stated that they had no problems, and 7 did not wish to answer the question (Table 5). The problem areas ranked first are: housing (33.77 percent), clothing (28 percent), food (16.88 percent), medical care (9.77 percent), and education (3.55 percent).

Do Indians who receive welfare support rank these five problem areas differently than Indians who are employed? Table 6 compares the ranking of the total sample with the welfare group and with the employed group. Only the first choice or the most pressing problem is tabulated. The non-respondents and the respondents with no problems or with a non-listed problem are not included in the table. The rank order of the five problem areas is identical for the total sample, the welfare group and the employed group, i.e., each group ranked a problem area first in the same order of importance. Some minor differences can be noted between the employed and the welfare groups with respect to the percentages for each problem area, especially for food.

Although the ranking of problem areas by the employed group follow the same pattern as for the welfare group and for the total sample, this is not longer the case when we analyze the employed group in relationship to their

income level. Table 7 lists the problem areas which were ranked first by the employed group according to yearly income. Housing is ranked first in three income levels and in the "income not reported" category. In three income levels housing is tied for first place with food, or clothing or education. Clothing comes first in the $3,000 to $5,000 category and is tied with medical care in the more than $8,000 category.

Table 5: Problem Which Ranks First in Consideration in Household

Problem Area	AIM Members		Like AIM Members		Unlike AIM Members		Total	
Clothing	11	23.4%	31	35.2%	21	23.3%	63	28.0%
Housing	18	38.3	24	27.3	34	37.9	76	33.8
Medical Care	8	17.0	7	8.0	7	7.8	22	9.8
Education	1	2.1	4	4.5	3	3.3	8	3.5
Food	6	12.8	13	14.8	19	21.1	38	16.9
Other	1	2.1	4	4.5	1	1.1	6	2.7
No problems	0	0.0	2	2.3	3	3.3	5	2.2
Not reported	2	4.3	3	3.4	2	2.2	7	3.1
Total	47	100.0	88	100.0	90	100.0	225	100.0

Table 6: Ranking of Five Problem Areas by Welfare and Employment Status

Problem Areas	Total Sample		Welfare Group		Employed Group	
Housing	76	36.72%	37	34.58%	39	39.00%
Clothing	63	30.43	32	29.91	31	31.00
Food	38	18.36	24	22.43	14	14.00
Medical Care	22	10.63	9	8.41	13	13.00
Education	8	3.86	5	4.67	3	3.00
Total	207	100.00	107	100.00	100	100.00

Table 7: Problem Areas Ranked First by Income Level

Yearly Income	Problem Area(s) Ranked First
Less than $1,000	Housing
$1,000 - 1,999	Housing, Food
2,000 - 2,999	Housing
3,000 - 3,999	Clothing
4,000 - 4,999	Clothing
5,000 - 5,999	Housing, Clothing
6,000 - 6,999	Housing
7,000 - 7,999	Housing, Education
8,000 or more	Clothing, Medical Care
Income not reported	Housing

The ordering of the most pressing problem is somewhat different from the general pattern among the three groups. The AIM members and the Unlike AIM members group rank housing first more often than clothing, followed by medical care, food, and education for AIM members and by food, medical care and education for the Unlike AIM members group. The Like AIM members group, however, lists clothing first more often than housing, followed by food, medical care and education. The emphasis changes again slightly if we consider only the subset of households on welfare. The AIM members rank the five problems as follows: housing, clothing, food and medical care (tie), education. For the Like AIM members it becomes housing and clothing (tie), food, education, medical care; and for the Unlike AIM members: housing and clothing (tie), food, medical care, education. The ranking among the three groups for the subset of the employed differs from the welfare group and comes close to the pattern of the total sample. For employed AIM members housing constitutes the problem area most frequently ranked first, followed by clothing, medical care, food, education. The employed Like AIM members group presents the following ranking: clothing, housing, food and medical care (tie), education; and for the employed Unlike AIM members group it becomes housing, clothing, food, medical care, education. The findings for the three groups and the total sample are summarized in Table

8. The Welfare group in general emphasizes food more than does the employed group and de-emphasizes housing and medical care. With regard to differences among the three groups it should be noted that, although the rank of problems is the same for all three groups, the employed Unlike AIM members group stresses housing much more than the Unlike AIM members group on welfare. Interestingly, the reverse occurs for the AIM members group. Clothing is more important to the Unlike AIM member group on welfare than for the employed counterpart. This is not the case for the other two groups. Food is consistently more important in all three groups for households on welfare. Both medical care and education appear to be less important for households on welfare in all three groups than for households with at least one employed person.

Table 8: Ranking of Five Problem Areas by Subgroups

Problem Areas	AIM Members		Like AIM Members		Unlike AIM Members		Total Sample	
	Employed	Welfare	Employed	Welfare	Employed	Welfare	Employed	Welfare
	%	%	%	%	%	%	%	%
Housing	36.00	47.37	27.03	33.33	52.63	30.43	39.00	34.58
Clothing	28.00	21.05	45.95	33.33	18.42	30.43	31.00	29.91
Food	12.00	15.79	13.51	19.05	15.79	28.26	14.00	22.43
Medical Care	20.00	15.79	13.51	5.76	7.89	8.70	13.00	8.41
Education	4.00	0.00	0.00	9.52	5.26	2.17	3.00	4.67
Total	100	100	100	100	100	100	100	100

Need for Jobs

The question was asked: "Does anyone living here need a job?" All interviewees responded and 70 or 31.11 percent answered the question affirmatively (Table A-27). Because 112 out of the 225 interviewed housholds receive welfare support one could have expected a larger number of positive answers to this question. There are several reasons why this is not so. The major reason is probably that the rules and regulations of the present

welfare system offer no incentive for a person to seek a job. Finding a job means losing welfare benefits and especially health insurance. It should be recalled that only 57.28 percent of those employed are covered by health insurance. A second reason may be the fact that no jobs are available because of the state of the economy and the unemployed respondents are not actively seeking a job because there are no job openings. In addition, the Indian's ethnic background and a lack of specific skills often disqualify him for a job. Thirdly, one welfare program accounts for 83.14 percent of the welfare support, i.e., Aid to Families with Dependent Children. In most cases there is no male present in the household and the mother takes care of the children. Fourthly, some Indians hold seasonal jobs and will say that they do not need a job even if they are unemployed at a particular point in time.

Money Available for Health Care

In answer to the question: "Do you have money available to pay for medical care?", 191 or 84.88 percent of the respondents said no, 10 or 4.44 percent said yes, 22 or 9.8 percent answered "sometimes," and two interviewees declined to respond (Table A-28). The percentages are very consistent across the three groups. Taking the subset of households in which someone needs a job the percentage of households that have no money available for medical care rises to 92.75 percent.

At least 8 out of 10 households do not have money for medical care. In the ranking of the five problem areas, medical care was ranked first by only one out of ten households, which indicates a low priority for medical care except in a crisis situation.

Current Need for Medical Care

In 7.55 percent of the households someone in the household was judged by the respondent to be in need of seeing a physician at the time of the interview and in 92 percent of the households no one needed to see a physician. One person did not answer the question (Table A-29). Of the 17 who responded yes, 14 had seen a physician in the current year 1970, 1 in 1968 or before, and 2 did not report the last time they had seen a physician.

This clearly indicates that in 14 of the 225 households someone was sick at the time of the interview and that someone received medical care during the year. In six of the 17 households in which someone needed to see a physician someone living there needed a job.

Current Need for Dental Care

The question: "Does anyone who lives here need dental care at the present time?" drew a very different response than the question related to medical care. All interviewees answered the question and 174 or 77.33 percent said yes (Table A-30). The proportion of yes versus no among the three groups is about identical. Thus, in almost 8 out of 10 households someone is judged to need dental care.

If one compares the present need for dental care with the last time that dental care was received, it can be noted that 52.30 percent of the households in which dental care is needed someone received dental care in the current year 1970, 13.22 percent in 1969, 18.39 percent in 1968 or before. The others did not report their last dental visit.

Among households in which someone needs a job 80 percent stated that someone needed dental care. This percentage is very close to the response of the total group.

School Problems Due to Health

The following question was asked: "Do any of the children who live here with you have difficulties in school that you think are due to health problems, such as bad hearing or bad eyesight?" Of the 110 households that have children at school and that answered the question (2 did not respond), 36 or 32.73 percent answered yes. This means that one out of three households with children attending school report school difficulties due to health problems (Table A-31).

V. Attitudes About Health Care Services

The interviewees were presented with a number of hypothetical situations to determine their attitudes about places and facilities where they would go for medical care and about paying for the services received. Comparisons will be made between responses to the hypothetical situation questions and the actual behavior reflected in response to the previous question on where medical care was last received.

Emergency Medical Care

Except for two persons, all respondents or 99.1 percent stated that they would seek emergency medical care in the Twin Cities area (Table A-32). This compares with 91.6 percent who received their most recent medical care in the Minneapolis-St. Paul area. The latter figure, however, does not refer only to emergency medical care as does the former question; therefore, the two answers are not really comparable.

To which health care facility would they go for emergency medical care? The primary source of care would be the Emergency Room of Hennepin County General Hospital for 6 respondents out of 10 (60.4 percent). Vying for second place as a source of care are the private clinic or the physician's office (17.8 percent) and emergency rooms of other hospitals (17.8 percent). Lastly, 4.0 percent would go to Pilot City Health Center, or a Public Health Service clinic, or another governmental health care facility (Table A-33). Combining the first and the third source of care, 77.7 percent would go to an emergency room of a hospital for emergency medical care. This percentage is highest for AIM members (82.9 percent) and lowest for Unlike AIM members (72.3 percent). A comparison with their actual behavior will be made after the analysis of non-emergency care in the next section.

Non-Emergency Medical Care

For emergency medical care 99.1 percent of the respondents said that they would seek it in the Twin Cities. For future non-emergency medical care the percentage drops to 88.4 percent. One person did not answer the question and 11.1 percent stated that they would seek this type of care

outside Minneapolis and St. Paul (Table A-34). As mentioned earlier, 91.6 percent received their most recent medical care in the Twin Cities.

The facility where medical care of a non-emergency nature would be sought most frequently is the Emergency Room or the Outpatient Department of Hennepin County General Hospital for 41.3 percent of the respondents (Table A-35). This compares with 60.4 percent for emergency care in a hypothetical situation and with 40.4 percent for actual behavior as witnessed by where most recent care was received. Excluding the persons who did not respond to these questions, the percentages are 44.3 for non-emergency medical care, 60.7 for emergency medical care, and 41.4 for actual care received. The percentages for actual behavior and expressed attitudes are very close. Two out of five respondents receive ambulatory medical care at Hennepin County General Hospital and two out of five would go there. The hypothetical situation presented to them is in reality not a choice situation. First, to many respondents other sources of care are not available or accessible or acceptable and therefore are not mentioned; and second, some may not be aware of other sources of care. Again, more AIM members mentioned Hennepin County General Hospital most frequently (46.8 percent), and the Unlike AIM members group mentioned it less frequently (35.6 percent).

The second ranked facility where non-emergency medical care would be sought is the private clinic or the physician's office (23.6 percent). Actual behavior indicated that 21.8 percent of the households had received their most recent medical care from that source and 17.8 percent would go there for emergency medical care. Excluding the non-respondents, the differences increase slightly and indicate that one out of four respondents would seek non-emergency medical care at a private clinic or a physician's office. The Unlike AIM members group differs from the two other groups. Approximately 10 percent fewer respondents expressed a preference for the private clinic or the physician's office. Yet, for future emergency care, this source of care would be more important to the Unlike AIM members group than to the other two groups. In terms of actual behavior, the three groups are similar.

The Emergency Room or Outpatient Department of hospitals other than Hennepin County General Hospital would be utilized by 18.2 percent for non-emergency care. This percentage of preferred utilization is approximately the same for emergency care and where the most recent care was received. Among-group differences are very small which was not the case for receipt of most recent care. In the latter case, the AIM members used this source of care a third time most frequently than the two other groups. Combining the first and the third source of care, one can conclude that (1) three out of five respondents would go to an emergency room or an outpatient department of a hospital for non-emergency care; (2) the proportion is the same when compared to actual behavior; and (3) four out of five respondents would utilize these two sources of care for emergency reasons.

The fourth source of care groups Public Health Service clinics, Pilot City Health Center, and other governmental health care facilities. One out of ten respondents (10.2 percent) would utilize this source for non-emergency care whereas only 4.0 percent would utilize it for emergency care. In reality, 19.1 percent of the respondents indicated that they had utilized this source of care for the most recent medical care they had received. The differences among the three groups are striking. In each case the Unlike AIM members group utilized and stated that they would utilize this source of care more frequently than the other two groups. The percentage for non-emergency care is three times that of AIM members (18.9 versus 6.4 percent).

In summary, it can be stated that: (1) respondents would utilize emergency rooms and outpatient departments of hospitals approximately in the same proportion as actual current utilization; (2) the private clinic or the physician's office would be utilized slightly more often for non-emergency care than is presently the case; and (3) the "other" source of care would be utilized much less frequently than present usage patterns indicate.

An Indian Health Care Clinic?

The question was asked: "Would you go to a health care clinic if a lot of Indian people work there?" All persons interviewed responded and 84.88 percent answered yes, 5.77 percent said no, and 9.32 percent gave a qualified yes (Table A-36). The latter group's affirmative answer was mainly conditional on such factors as quality of care, and spectrum of services available, and this group may represent the more sophisticated segment of the sample in terms of medical care. Adding the conditional yesses to the yes answer, 94.21 percent of the households would like a health care clinic with Indian employees.

Payment for Health Care Services

Following the question on the desirability of an Indian health care clinic, the interviewees were asked if they would like to receive free medical and dental care or if they would rather pay a small fee. The vast majority (84.44 percent) responded that they would prefer free care, and 10.66 percent would prefer to pay a small fee (Table A-37). Eleven respondents or 4.88 percent qualified their answer mainly pointing out that it would depend on whether they had money available at the time to pay for the care received.

The last two questions clearly indicate that the urbanized Indians in Hennepin County would like to go to a health care clinic with Indian employees where no payment would be required for services rendered.

Conclusions

The emphasis of this report is on the health behavior and the health needs of the American Indians in Hennepin County. Information was also collected on demographic and socio-economic characteristics, on mobility patterns and on major social problems because these variables affect health behavior and health needs. A few questions probed the attitudes of the Indians about health clinics and financing of health care services.

The vast majority of the 225 interviewed households lived in Minneapolis and approximately two percent lived outside the city limits but still in Hennepin County.

The following statements can be made based on the findings:

1. The study tends to lend support to President Nixon's assertion quoted in the introduction that the American Indians are "the most deprived and most isolated minority group in our nation."
2. Efforts to meet the health needs of the Indian population must be coordinated with efforts to solve other social problems, especially housing, employment and education.
3. The Public Health Service should reexamine its role and its responsibility with respect to urbanized Indians and provide a coordinative mechanism ensuring continuity of health care between the reservation and the urban setting.
4. The interviewees indicated a definite preference for an Indian health clinic where health care services would be provided free of charge. This expressed preference should be followed up and more Indians should be involved in controlling their own programs.
5. An Indian Health Center could be the focal point for coordinating all programs attempting to raise the standard of living and to improve the economic and social condition of the American Indians.

FOOTNOTES

[1]"Proposed Recommendations Relating to the American Indians -- Message from the President," Congressional Record 116:S10799, July 8, 1970.

[2]Ibid.

[3]U.S. Department of Health, Education, and Welfare, The Indian Health Program of the U.S. Public Health Service, Public Health Service Publication No. 1026, Revised 1969.

[4]League of Women Voters of Minneapolis, Indians In Minneapolis, April 1968.

[5]Idem, p. 41.

[6]U.S. Department of Health, Education, and Welfare, Dental Care - Volume of Visits. Health Statistics United States, July 1957- June 1959. Public Health Service, Series B, No. 15, April, 1960.

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Table A-1: Households Receiving Welfare

Welfare Received	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
Yes	19	40.4	45	51.1	48	53.3	112	49.8
No	28	59.6	43	48.9	42	46.7	113	50.2
TOTAL	47	100	88	100	90	100	225	100

Table A-2: Type of Welfare Received

Welfare	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
Relief or Assistance	2	10.5	6	13.3	5	10.4	13	11.6
ADC or AFDC	16	84.2	36	80.1	40	83.3	92	82.1
Old age assistance	0	0.0	1	2.2	2	4.2	3	2.7
Aid to disabled	0	0.0	1	2.2	0	0.0	1	0.9
Aid to blind	0	0.0	0	0.0	1	2.1	1	0.9
Other	1	5.3	1	2.2	0	0.0	2	1.8
TOTAL	19	100	45	100	48	100	112	100

Table A-3: Households With Male 21 Years of Age or Older Present

Male 21 Years of Age in Household	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
Yes	29	61.7	45	51.1	53	58.9	127	56.4
No	18	38.3	41	46.6	37	41.1	96	42.7
Not Reported	0	0.0	2	2.3	0	0.0	2	0.9
TOTAL	47	100	38	100	90	100	225	100

Table A-4: Number of Employed Persons in Household

Number of Persons	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
1	15	53.6	29	67.5	30	71.4	74	65.5
2	6	21.4	8	18.6	10	23.8	24	21.2
3	2	7.1	1	2.3	1	2.4	4	3.5
4	1	3.6	0	0.0	0	0.0	1	0.9
None at Present	4	14.3	5	11.6	1	2.4	10	8.9
TOTAL	28	100	43	100	42	100	113	100

Table A-5: Full- or Part-Time Employment

Households With	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
Anyone full-time	16	57.2	20	46.5	22	52.4	58	51.3
Anyone part-time	7	25.0	13	30.2	13	30.9	33	29.2
Both full- and part-time	3	10.7	7	16.3	7	16.7	17	15.0
No one employed	2	7.1	2	4.7	0	0.0	4	3.6
Not reported	0	0.0	1	2.3	0	0.0	1	0.9
TOTAL	47	100	88	100	90	100	225	100

Table A-6: Household Income

Income	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
$0 - 1,000	3	10.7	1	2.3	7	16.7	11	9.7
$1,001 - 2,000	3	10.7	3	7.0	2	4.8	8	7.1
2,001 - 3,000	1	3.6	5	11.6	6	14.2	12	10.6
3,001 - 4,000	3	10.7	6	13.9	4	9.5	13	11.5
4,001 - 5,000	5	17.8	4	9.3	4	9.5	13	11.5
5,001 - 6,000	4	14.3	5	11.6	7	16.7	16	14.1
6,001 - 7,000	1	3.6	6	14.0	3	7.1	10	8.9
7,001 - 8,000	1	3.6	1	2.3	2	4.8	4	3.6
More than $8,000	3	10.7	6	14.0	5	11.9	14	12.4
Not reported	4	14.3	6	14.0	2	4.8	12	10.6
TOTAL	28	100	43	100	42	100	113	100

Table A-7: Years of School Completed by All Persons 18 Years of Age or Older

Years of School Completed	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
0 - 6	0	0.0	1	0.7	4	2.8	5	1.4
7 - 9	21	25.0	42	31.1	48	33.1	111	30.5
10 - 12	56	66.7	80	59.3	86	59.3	222	61.0
More than 12	3	3.6	2	1.5	1	0.7	6	1.6
Not reported	4	4.8	10	7.4	6	4.1	20	5.5
TOTAL (number persons over 18 in household)	84	100	135	100	145	100	364	100
Median Number Years	10.13 years		9.92 years		9.71 years		9.89 years	
Mean Number Years	10.68 years		10.00 years		9.96 years		10.14 years	

Table A-8: Home Ownership or Rental

Home	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
Own	5	17.9	8	18.6	4	9.5	17	15.0
Rent	21	75.0	34	79.1	38	90.5	93	82.3
Other	0	0.0	0	0.0	0	0.0	0	0.0
Not reported	2	7.1	1	2.3	0	0.0	3	2.7
TOTAL	28	100	43	100	42	100	113	100

Table A-9: Number of Persons Living in Same Dwelling

Number of Persons	AIM Members		Like AIM Members		Unlike AIM Members		Total	
	Nbr.	%	Nbr.	%	Nbr.	%	Nbr.	%
1	8	17.0	15	17.0	14	15.6	37	16.4
2	8	17.0	19	21.6	17	18.9	44	19.6
3	6	12.8	11	12.5	20	22.2	37	16.4
4	9	19.1	14	15.9	11	12.2	34	15.1
5	7	14.9	8	9.1	12	13.4	27	12.0
6	0	0.0	5	5.7	6	6.7	11	4.9
7	4	8.6	5	5.7	2	2.2	11	4.9
8	1	2.1	5	5.7	3	3.3	9	4.0
9	3	6.4	2	2.3	3	3.3	8	3.6
10	0	0.0	3	3.4	1	1.1	4	1.8
More than 10	1	2.1	1	1.1	1	1.1	3	1.3
TOTAL	47	100	88	100	90	100	225	100

Table A-10: Number of Households with Children Attending School

Number of Households	AIM Members		Like AIM Members		Unlike AIM Members		Total	
	Nbr.	%	Nbr.	%	Nbr.	%	Nbr.	%
Children attending school	25	53.2	40	45.4	40	44.5	105	46.7
No children attending school	22	46.8	47	53.5	49	54.4	118	52.4
Not reported	0	0.0	1	1.1	1	1.1	2	0.9
TOTAL	47	100	88	100	90	100	235	100

Table A-11: Households with Car Available During the Day

Households With Car	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
Yes	12	25.6	28	31.8	25	27.8	65	28.9
No	34	72.3	60	68.2	65	72.2	159	70.7
Not reported	1	2.1	0	0.0	0	0.0	1	0.4
TOTAL	47	100	88	100	90	100	225	100

Table A-12: Person Interviewed Has Driver's License

Driver's License	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
Yes	14	29.8	34	38.6	28	31.1	76	33.8
No	33	70.2	54	61.4	61	67.8	148	65.8
Not reported	0	0.0	0	0.0	1	1.1	1	0.4
TOTAL	47	100	88	100	90	100	225	100

Table A-13: Health Insurance or Other Coverage By Any Member of Household

Households with Coverage	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
Yes	19	40.4	45	51.1	49	54.4	113	50.2
No	28	59.6	43	48.9	41	45.6	112	49.8
TOTAL	47	100	88	100	90	100	225	100

Table A-14: Number in Each Household Covered by Health Insurance

Number of Persons	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
1	5	26.3	13	28.9	15	30.6	33	29.2
2	5	26.3	9	20.0	5	10.2	19	16.8
3	1	5.3	4	8.9	9	18.4	14	12.4
4	2	10.5	4	8.9	8	16.3	14	12.4
5	1	5.3	4	8.9	2	4.1	7	6.2
More than 5	4	21.1	4	8.9	5	10.2	13	11.5
Not reported	1	5.2	7	15.5	5	10.2	13	11.5
TOTAL	19	100	45	100	49	100	113	100

Table A-15: Type of Health Coverage

Health Coverage	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
Blue Cross-Blue Shield	4	21.1	8	17.8	4	8.2	16	14.1
Medical Assistance	3	15.8	20	44.4	19	38.8	42	37.2
Group coverage at Work	8	42.0	14	31.1	25	51.0	47	41.6
Other	4	21.1	3	6.7	1	2.0	8	7.1
TOTAL	19	100	45	100	49	100	113	100

Table A-16: Length of Residence in Same Dwelling

Length of Time	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
Less than six months	12	25.6	24	27.2	27	30.0	63	28.0
6 months to 1 year	8	17.0	18	20.5	17	18.9	43	19.1
1 - 2 years	9	19.1	15	17.0	17	18.9	41	18.2
2 - 5 years	16	34.0	22	25.0	21	23.3	59	26.2
More than 5 years	2	4.3	7	8.0	6	6.7	15	6.7
Not reported	0	0.0	2	2.3	2	2.2	4	1.8
TOTAL	47	100	88	100	90	100	225	100

Table A-17: Length of Residence in Minneapolis

Time Period	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
1 year or less	1	2.1	5	5.7	3	3.3	9	4.0
2 years	2	4.2	4	4.5	5	5.6	11	4.9
3 years	3	6.3	7	8.0	6	6.7	16	7.1
4 years	5	10.6	3	3.4	6	6.7	14	6.2
5 years	1	2.1	5	5.7	3	3.3	9	4.0
6 - 10 years	15	32.0	24	27.3	27	30.0	66	29.3
11 - 15 years	7	15.0	18	20.4	15	16.7	40	17.8
16 - 20 years	6	12.7	16	18.2	17	18.8	39	17.4
More than 20 years	7	15.0	4	4.5	7	7.8	18	8.0
Not reported	0	0.0	2	2.3	1	1.1	3	1.3
TOTAL	47	100	88	100	90	100	225	100

Table A-18: Households in Which a Member Over 18 Years of Age Has Gone to a Home Town to Live for a Week or More During the Past Year

Households in Which Members	AIM Members		Like AIM Members		Unlike AIM Members		Total	
	Nbr.	%	Nbr.	%	Nbr.	%	Nbr.	%
Have gone	13	27.7	21	23.9	31	34.4	72	32.0
Have not gone	34	72.3	66	75.0	57	63.3	150	66.7
Not reported	0	0.0	1	1.1	2	2.3	3	1.3
TOTAL	47	100	88	100	90	100	225	100

Table A-19: Last Time Someone in Household Received Medical Care

Time Period	AIM Members		Like AIM Members		Unlike AIM Members		Total	
	Nbr.	%	Nbr.	%	Nbr.	%	Nbr.	%
1970	36	76.6	78	88.6	73	81.1	187	83.1
1969	3	6.4	2	2.3	6	6.7	11	4.9
1968 or before	2	4.2	7	8.0	5	5.5	14	6.2
Not reported	6	12.8	1	1.1	6	6.7	13	5.8
TOTAL	47	100	88	100	90	100	225	100

Table A-20: Location Where Most Recent Medical Care Was Received

Location	AIM Members		Like AIM Members		Unlike AIM Members		Total	
	Nbr.	%	Nbr.	%	Nbr.	%	Nbr.	%
Mpls. or St. Paul	43	91.5	81	92.0	82	91.1	206	91.6
Not Mpls. or St. Paul	3	6.4	7	8.0	8	8.9	18	8.0
Not reported	1	2.1	0	0.0	0	0.0	1	0.4
TOTAL	47	100	88	100	90	100	225	100

Table A-21: Facility Where Most Recent Medical Care Was Received

Facility	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
Private clinic	10	21.3	20	22.7	19	21.1	49	21.8
HCGH ER or OPD	17	36.2	37	42.0	37	41.1	91	40.4
Other ER or OPD	10	21.3	14	15.9	13	14.4	37	16.4
Other (PHS clinic, Pilot City, or other governmental health care facility)	8	17.0	15	17.0	20	22.3	43	19.1
Not reported	2	4.3	2	2.4	1	1.1	5	2.2
TOTAL	47	100	88	100	90	100	225	100

Table A-22: Patterns of Maternity Care: Households in Which Someone had a Baby

Households in Which	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
Someone had a baby	32	68.1	64	72.7	65	72.3	161	71.6
No one had a baby	15	31.9	22	25.0	22	24.4	59	26.2
Not reported	0	0.0	2	2.3	3	3.3	5	2.2
TOTAL	47	100	88	100	90	100	225	100

Table A-23: Patterns of Maternity Care:
Place Where Care Was Received During Pregnancy

Place of Care	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
Same place she lived before pregnancy	26	81.3	60	93.7	61	93.8	147	91.3
Not the same place she lived before pregnancy	4	12.5	2	3.1	2	3.1	8	4.9
Received no care during pregnancy	2	6.2	1	1.6	0	0.0	3	1.9
Not reported	0	0.0	1	1.6	2	3.1	3	1.9
TOTAL	32	100	64	100	65	100	161	100

Table A-24: Patterns of Maternity Care:
Place of Medical Care During Birth

Place of Care	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
Same place she lived before pregnancy and received care during pregnancy	25	78.1	54	84.4	60	92.3	139	86.3
Same place she received care during pregnancy	3	9.4	2	3.1	1	1.5	6	3.7
Same place she lived before delivery	0	0.0	1	1.6	0	0.0	1	0.6
Not the same place she lived before pregnancy or received care during pregnancy	4	12.5	5	7.8	2	3.1	11	6.9
Received no care during delivery	0	0.0	0	0.0	0	0.0	0	0.0
Not reported	0	0.0	2	3.1	2	3.1	4	2.5
TOTAL	32	100	64	100	65	100	161	100

Table A-25: Last Time Someone in Household Received Dental Care

Time Period	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
1970	21	44.7	48	54.5	46	51.1	115	51.1
1969	7	14.9	13	14.8	11	12.2	31	13.8
1968 or before	7	14.9	18	20.5	16	17.8	41	18.2
Never received dental care	2	4.2	2	2.3	0	0.0	4	1.8
Not reported	10	21.3	7	7.9	17	18.9	34	15.1
TOTAL	47	100	88	100	90	100	225	100

Table A-26: Type of Dental Work Done During Most Recent Dental Visit

Type of Dental Work	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
Teeth pulled	14	29.8	20	22.7	29	32.3	63	28.1
Teeth filled	7	14.9	30	34.1	25	27.8	62	27.5
Other	8	17.1	25	28.4	23	25.6	56	24.9
Teeth pulled and filled	4	8.5	4	4.5	3	3.3	11	4.9
Teeth pulled and other	1	2.1	2	2.3	2	2.2	5	2.2
Teeth filled and other	2	4.2	3	3.4	4	4.4	9	4.0
Teeth pulled, filled and other	0	0.0	2	2.3	0	0.0	2	0.8
Never had dental work done	2	4.2	2	2.3	0	0.0	4	1.8
Not reported	9	19.2	0	0.0	4	4.4	13	5.8
TOTAL	47	100	88	100	90	100	225	100

Table A-27: Households with Current Need for Job(s)

Need Job(s)	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
Yes	22	46.8	22	25.0	26	28.9	70	31.1
No	25	53.2	66	75.0	64	71.1	155	68.9
TOTAL	47	100	88	100	90	100	225	100

Table A-28: Households With Money Available for Health Care

Money Available	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
Yes	1	2.1	4	4.5	5	5.6	10	4.4
No	42	89.4	73	83.0	76	84.4	191	84.9
Sometimes	3	6.4	11	12.5	8	8.9	22	9.8
Not reported	1	2.1	0	0.0	1	1.1	2	0.9
TOTAL	47	100	88	100	90	100	225	100

Table A-29: Households in Which Someone Needs to See A Medical Doctor at Present Time

Needs to see Doctor	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
Yes	6	12.8	6	6.8	5	5.6	17	7.6
No	41	87.2	81	92.1	85	94.4	207	92.0
Not reported	0	0.0	1	1.1	0	0.0	1	0.4
TOTAL	47	100	88	100	90	100	225	100

Table A-30: Households Where Dental Care is Needed at Present

	AIM Members		Like AIM Members		Unlike AIM Members		Total	
Needed	Nbr.	%	Nbr.	%	Nbr.	%	Nbr.	%
Yes	37	78.7	67	76.1	70	77.8	174	77.3
No	10	21.3	21	23.9	20	22.2	51	22.7
TOTAL	47	100	88	100	90	100	225	100

Table A-31: Households With Children Who Have Difficulties In School Due To Health

	AIM Members		Like AIM Members		Unlike AIM Members		Total	
Children With	Nbr.	%	Nbr.	%	Nbr.	%	Nbr.	%
Difficulties	6	12.8	16	18.2	14	15.6	36	16.0
No difficulties	21	44.7	25	28.4	28	31.1	74	32.9
Not applicable	19	40.4	46	52.3	48	53.3	113	50.2
Not reported	1	2.1	1	1.1	0	0.0	2	0.9
TOTAL	47	100	88	100	90	100	225	100

Table A-32: Location Where Emergency Medical Care Would be Sought

	AIM Members		Like AIM Members		Unlike AIM Members		Total	
Location	Nbr.	%	Nbr.	%	Nbr.	%	Nbr.	%
Mpls. or St. Paul	47	100.0	87	98.9	89	98.9	223	99.1
Not Mpls. or St. Paul	0	0.0	1	1.1	1	1.1	2	0.9
TOTAL	47	100	88	100	90	100	225	100

Table A-33: Facility Where Emergency Medical Care Would be Sought

Facility	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
Private Clinic	7	14.9	16	18.2	18	20.0	41	18.2
HCGH ER	31	66.0	55	62.5	50	55.6	136	60.4
Other ER	8	17.0	16	18.2	15	16.6	39	17.3
Other (PHS clinic, Pilot City, or other governmental health care facility)	1	2.1	1	1.1	6	6.7	8	3.6
Not reported	0	0.0	0	0.0	1	1.1	1	0.4
TOTAL	47	100	88	100	90	100	225	100

Table A-34: Location Where Medical Care Would be Sought for Heart Trouble

Location	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
Mpls. or St. Paul	44	93.6	78	88.6	77	85.6	199	88.4
Not Mpls. or St. Paul	2	4.3	10	11.3	13	14.4	25	11.1
Not reported	1	2.1	0	0.0	0	0.0	1	0.4
TOTAL	47	100	88	100	90	100	225	100

Table A-35: Facility Where Medical Care Would be Sought for Heart Trouble

Facility	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
Private clinic	14	29.8	24	27.3	16	17.8	54	24.0
HCGH ER or OPD	22	46.8	39	44.3	32	35.6	93	41.3
Other ER or OPD	7	14.9	18	20.4	16	17.8	41	18.2
Other (PHS clinic, Pilot City or other governmental health care facility)	2	4.3	3	3.4	17	18.9	22	9.8
Not reported	2	4.3	4	4.5	9	10.0	15	6.7
TOTAL	47	100	88	100	90	100	225	100

Table A-36: Desirability of Health Care Clinic With Indian Employees

Desirable	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
Yes	38	80.8	75	85.2	78	86.7	191	84.9
No	2	4.3	6	6.8	5	5.5	13	5.8
Yes, but	7	14.9	7	8.0	7	7.8	21	9.3
TOTAL	47	100	88	100	90	100	225	100

Table A-37: Preference of Free Medical and Dental Care or Small Fee

Preference	AIM Members Nbr.	%	Like AIM Members Nbr.	%	Unlike AIM Members Nbr.	%	Total Nbr.	%
Free care	35	74.5	73	82.9	92	91.1	190	84.4
Small fee	8	17.0	10	11.4	6	6.7	24	10.7
Other	4	8.5	5	5.7	2	2.2	11	4.9
TOTAL	47	100	88	100	90	100	225	100

APPENDIX B: QUESTIONNAIRE

Indian Survey

1. Name one Indian who lives in Hennepin County who doesn't live with you who goes to the same place for medical care that you go.

_____
Last First Middle

What is his or her address and phone number?

_____
Street

_____
City or town

_____
Phone

(Interviewer: If there is no response to question #1, ask question #2; otherwise, go on to question #3.)

2. If you are not sure, name an Indian who lives in Hennepin County who doesn't live with you who you think might go there or to the same kind of place for care.

_____
Last First Middle

What is his or her address and phone number?

_____
Street

_____
City or town

_____
Phone

3. Name one Indian who lives in Hennepin County who doesn't live with you who does not go to the same place for medical care that you go.

_____
Last First Middle

What is his or her address and phone number?

_____
Street

_____
City or town

_____
Phone

(Interviewer: If there is no response to question #3, ask question #4; otherwise, go on to question #5.)

4. If you are not sure, name an Indian who lives in Hennepin County who doesn't live with you who you think probably does not or would not go there or to the same kind of place for care that you go.

_____
Last First Middle

What is his or her address and phone number?

_____
Street

_____
City or town

_____
Phone

Interviewer: Record here the name, address, and phone number of family being interviewed.

_____
Last First Middle

_____
Street

_____
City or town

_____
Phone

5. When did you first move into this house (or apartment)?

_____ _____
month year

6. How many persons live here? Include yourself and all other persons living with you.

_____persons

7. What is the age, sex, and highest grade completed in school for each person who lives here, including yourself?

age___M___F___grade___ age___M___F___grade___ age___M___F___grade___

age___M___F___grade___ age___M___F___grade___ age___M___F___grade___

age___M___F___grade___ age___M___F___grade___ age___M___F___grade___

age___M___F___grade___ age___M___F___grade___ age___M___F___grade___

(Interviewer: In question #7, circle the person interviewed.)

8. Name the schools presently attended by each person living here who now goes to school. Specify elementary, junior high, or senior high.

_____ _____

_____ _____

_____ _____

_____No one who lives here goes to school.

9. For how many years have you lived at least six months of the year in Minneapolis?

_____years

10. During the past year have you or any of the people over 18 years of age who live here gone to a home town to live for a period of a week or more at a time?

_____yes

_____no

If yes, how many have gone?

_____persons

11. When was the last time someone who lives here received dental care of any kind?

_____ _____
month year

12. During that visit to the dentist, what dental work was done?

_____tooth or teeth pulled

_____tooth or teeth filled

_____other -- specify_____

13. When was the last time someone who lives here received medical care of any kind?

_____ _____
month year

14. Where was this care received?

_____ in Minneapolis-St. Paul

_____not in Minneapolis-St. Paul (for example, in your home town)

AND

_____ private clinic or doctor's office

_____ Hennepin County General Hospital Emergency room or Out-patient Department

_____ other hospital emergency room or out-patient department -- specify hospital_____

_____ other -- specify_____

15. If you fell down the stairs and broke your leg, where would you go for medical care?

_____ in Minneapolis-St. Paul

_____ not in Minneapolis-St. Paul (for example, in your home town)

AND

_____ private clinic or doctor's office

_____Hennepin County General Hospital Emergency Room

_____ other hospital emergency room -- specify hospital

_____ other -- specify_____

16. If you thought you had heart trouble, where would you go for medical care?

_____ in Minneapolis-St. Paul

_____ not in Minneapolis-St. Paul (for example, in your home town)

AND

_____ private clinic or doctor's office

_____ Hennepin County General Hospital Emergency Room or Out-patient Department

_____ other hospital emergency room or out-patient department -- specify hospital_____

_____ other -- specify_____

17. When was the last time anyone who lives here had a baby?

_____ _____
month year

_____No one who lives here has ever had a baby.

(Interviewer: If no one who lives here has ever had a baby, skip questions #18, #19, and #20.)

18. Where did the woman who had the baby live before the baby was born?

_____ _____
city or town state

19. Where did she go to receive medical care during the pregnancy?

_____ _____
city or town state

_____didn't go to the doctor during pregnancy

20. Where did she go to receive medical care during the birth?

_____ _____
city or town state

_____didn't go to the doctor during the birth

21. Does anyone who lives here have health insurance or health coverage of any kind at the present time?

_____ yes

_____ no

22. If the answer to question #21 is yes, what is the age of each person living here who is included in the coverage?

_____ years	_____ years	_____ years
_____ years	_____ years	_____ years
_____ years	_____ years	_____ years
_____ years	_____ years	_____ years

23. If the answer to question #21 is yes, what kind(s) of health coverage do the persons who live here have?

_____ Blue Cross/Blue Shield

_____ Medical Assistance Program

_____ group coverage at work

_____ other -- specify_____

24. Do you have a car available to you during the day?

_____ yes

_____ no

25. Do you have a driver's license?

_____ yes

_____ no

26. Do any of the children who live here with you have difficulties in school that you think are due to health problems, such as bad hearing or bad eyesight?

_____ yes

_____ no

27. Do you have money available to pay for medical care?

_____ yes

_____ no

_____ sometimes, depending on...

28. Does anyone who lives here need dental care at the present time?

_____ yes

_____ no

29. Does anyone who lives here need to see a doctor at the present time because he or she is sick?

_____ yes

_____ no

30. In what order or importance do the following present problems to your family (or to yourself if you live alone)? The area which presents the most problems should be numbered 1; the area which presents the least problems should be numbered 5.

_____ clothing

_____ housing

_____ medical care

_____ education

_____ food

31. Would you go to a health care clinic if a lot of Indian people work there?

_____ yes

_____ no

_____ yes, but it would depend on -- specify_____

_____

_____

32. Would you like to receive free medical and dental care or would you rather pay a small fee?

_____ prefer free care

_____ prefer to pay a small fee

_____ other -- specify_____

_____

33. Does anyone living here need a job?

_____ yes

_____ no

34. Do you or anyone living with you receive money from any welfare programs?

_____ yes

_____ no

35. If the answer to question #34 is yes, which program(s) do you receive money from?

_____ relief or general assistance

_____ Aid to Dependent Children or Aid to Families with Dependent Children

_____ Old Age Assistance

_____ Aid to the Disabled

_____ Aid to the Blind

_____ other --- specify_____

(Interviewer: If the answer to question #34 is yes, do not ask any of the rest of the questions.)

36. Do you own or rent your home?

_____ own

_____ rent

_____ other -- specify_____

37. How many persons living here are employed (including yourself)?

_____ persons

38. How many of the employed persons living here work steady (full-time, year-round)?

_____ persons

39. How many of the employed persons livi[illegible] work off-and-on (part-time year-round or not year-round, or full [illegible] not year-round)?

40. What was the approximate total combined income of all the persons living here on which income tax was paid last year?

_____ $1,000 or less
_____ $1,001 - 2,000
_____ $2,001 - 3,000
_____ $3,001 - 4,000
_____ $4,001 - 5,000
_____ $5,001 - 6,000
_____ $6,001 - 7,000
_____ $7,001 - 8,000
_____ more than $8,000

Other comments:

Interviewer:_____

Date:_____

Remember

1. Try not to leave any question completely blank.
2. Circle person interviewed in question #7.